

REGISTRATION FORM



NATIONAL HOSPITALITY CONFERENCE Embracing Innovation and Continuous Improvement

Venue and Date: Tanoa International Hot 7th June 2024	tel, Nadi	Type: Sponsored Private 	Payments: MPAISA Cash Other
Cost: \$300.00 per participant			
Title (Mr/Ms):] Family Name (Surname):	First N	ame:
Other Given Names:		Date o	f Birth:
Gender (Please tick): N	1ale Female		
Correspondence Address: Home Phone No:			ne No:
Business Phone No:			
Mobile No:	Email:	Tin No:	
Employer Name and A	ddress:		
	_		
Position & Work Exper	ience:		
Qualification:			
Dietary Restriction (if a	any, please specify):		

Signature:

